



DEPARTMENT OF THE ARMY  
HEADQUARTERS, AREA II SUPPORT ACTIVITY  
UNIT #15333  
APO AP 96205-5333

REPLY TO  
ATTENTION OF:

IMKO-AB-LG

11 January 2006

**COMMAND POLICY # 4-5**

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: International Merchant Purchase Authorization Card (IMPAC) Program  
Internal Standard Operating Procedures (SOP)

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## **SECTION I - General Information**

1. **PURPOSE:** To establish and prescribe internal procedures for use of the U.S. Government-wide IMPAC Credit Card within the Area II Support Activity to reduce the potential for fraud, waste, and abuse of appropriated funds. This SOP is intended to provide specific Unit, Directorate of Logistics (DOL), Directorate Resource Management (DRM), Approving Official (AO)/Billing Official (BO), Card Holder (CH), Hand Receipt Holder (HRH), Property Book Office (PBO), Information Management Office (IMO), and requestor procedures to ensure all non-consumable, non-expendable, and durable items purchased with the IMPAC are properly accounted for on Area II Support Activity property book.
2. **APPLICABILITY:** This internal SOP applies to all personnel within the Area II Support Activity that are involved with the IMPAC Program.
3. **REFERENCES:**
  - a. United States Army Contracting Command Korea (USACCK) Standing Operating Procedure (SOP) Number 2-COD, Section III, US Government International Merchant Purchase Authorization Card (IMPAC) Program 3 July 2003
  - b. Area II Support Activity Property Control Branch (PCB) External SOP May 2005
4. **SCOPE:** The procedures and guidance outlined and provided in this SOP are **in addition** to those contained in the USACCK SOP, AR 735-5, AR 710-2, DA PAM 710-2-1. This SOP is not intended to duplicate information or procedures provided in regulations, USACCK SOP, and Area II Support Activity PCB External SOP, but is intended to **provide additional** procedures specifically for Area II Support Activity personnel.

## **SECTION II - Responsibility:**

1. **Commanders and Organizational Directors will:**
  - a. Request appointment of cardholders and approving officials.
  - b. Ensure internal control procedures are established, published and followed.
  - c. Establish a command climate that will reduce the potential of fraud, waste, and abuse of the card program. Investigate suspected or reported fraud, waste, or abuse; and take appropriate administrative or disciplinary action when warranted.
  - d. Ensure credit cards are not used to circumvent the established supply system or property accountability controls.
  - e. Ensure that supplies and services which normally require prior procurement approval are processed properly before purchase (coins, trophies, clothing, bottled water, computer

and communication related items, etc.) and that authorizing documentation is retained in unit files for 36 months.

**2. DOL will:**

- a. Develop, publish, and implement internal IMPAC program requirements and procedures.
- b. Develop and maintain the unit IMPAC cardholders and approving officials listing. Track the date initial/annual training was received and DEROS of each CH and AO.
- c. Conduct BI-annual inspections or as needed of AO, CH, and HRH records using the KORO CIP Checklist and the USACCK Audit Checklist. The results will be maintained on file with DOL.
- d. Initiate administrative or formal action if credit card misuse is detected or reported. Advise the USACCK Agency Program Coordinator (APC) to suspend or terminate accounts as required due to card misuse.
- e. Initiate correspondence to commanders, AO, CH, and HRH notifying of irregularities. This includes late or incomplete delivery of monthly reconciliation's, potential card misuse, fraud, waste, abuse, non-accountability, and other circumstances which indicates potential reason for revocation or suspension of cards and accounts.
- f. Review all approving official and cardholder set-up applications, modify, transfer and cancellation account forms to ensure proper completion and add to master list.

**3. Directorate of Resource Management Division, (DRM) will:**

- a. Bulk fund each cardholder's account at time of application and on a monthly basis. Assign a unique 50 digit Master Accounting Code, in accordance with procedures established by Commander, 175th Finance Command, ATTN: EAFJ-AP, telephone: 725-3120, to IMPAC cardholder's application.
- b. Verify monthly Miscellaneous Obligation Document (MOD) and make adjustments to MODs as necessary.
- c. Transfer funds to cardholder's account for purchases made by the cardholder.
- d. Notify Area II Support Activity IMPAC Program Coordinator, DOL, when AO or CH submits applications, changes to funding limits, or if there are problems with payment and funding.

**4. Approving Official/Billing Official will:**

- a. Comply with the USACCK IMPAC SOP, existing regulations, policies, and this SOP.
- b. Ensure the PBO and the IMO, if Information Management Processing Equipment (IMPE) is being requested, has signed the IMPAC Order Request and Receipt Form **BEFORE** approving **ANY** purchase of non-consumable, non-expendable, or durable items. This action will perform three functions. It will ensure that proper supply channels have been exhausted, that the requested item is not already on hand, and that non-expendable/durable items will be accounted for on the property books. Ref Area II Support Activity PCB External SOP, Para. 2-10, 3-5, Command Policy #4-3.
- c. Ensure that CH and HRH conduct **Quarterly** reviews to verify that all non-expendable, non-consumable and durable items purchased with the IMPAC are added to the property book and hand receipts.
- d. Ensure all Applications, Maintenance Forms, Card Destruction Notices, Increases in Single Purchase Limits, or changes in account limits are processed through the IMPAC Program Coordinator, DOL.
- e. Establish funds availability with the DRM and delegate funded amounts to cardholders.
- f. Date stamp the IMPAC billing statement the day it is received. Reconcile, certify and forward to the 175<sup>th</sup> Finance Command, Centralized Pay and Accounting Office within 15 days. The default date is 8 days after the 24<sup>th</sup> of the month which is usually the 2<sup>nd</sup> of the month is the statement is not stamped.

**5. Card Holder will:**

- a. Comply with the USACCK IMPAC SOP, existing regulations, policies, and this SOP.
- b. Obtain signature from the PBO on the IMPAC Order Request and Receipt Form when non-consumable, non-expendable, or durable items and also the IMO's signature if IMPE is being requested, **BEFORE** gaining purchase approval from the AO. Ref Area II Support Activity PCB External SOP, Para. 2-10, 3-5, Command Policy #4-3.
- c. Coordinate with the HRH the items that the PBO has determined to be accountable are added to the HRH's hand receipt with a DD Form 250, Material Inspection and Receiving Report.
- d. Conduct Quarterly reviews with the HRH to ensure all property identified by the PBO has been accounted for on the property book and HRH's hand receipt.
- e. Verify funds are available by checking with the approving official and obtain the responsible budget section initials prior to card use.

- f. Ensure all Applications, Maintenance Forms, Card Destruction Notices, Increases in Single Purchase Limits, or changes in account limits are processed through the IMPAC Program Coordinator, DOL.
- g. 30 days prior to departure from the unit, surrender the IMPAC card to the AO after cutting the card into two pieces. Cardholders will coordinate with AO and commander prior to rendering card unusable.
- h. Cardholders will hand carry the Statement of Account (SOA), monthly log, Questioned Item Forms, and all other supporting documentation to the AO for certification, within 3 days after receipt of SOA or the 5th of the month, whichever is earlier.
- i. If Capability Request (CAPR) is required on desired item, see EUSA 25-50 appendix F, then prepare CAPR in accordance with EUSA Pam 25-50, appendix E. for approval from the 201st Signal Company, Area II Defense Office Information Manager (DOIM).

**6. Property Book Officer will:**

- a. Review IMPAC Order Request and Receipt form items to see if desired item is already on hand and determine whether the property is non-expendable (requires property book accountability), durable (requires formal accountability only), or expendable (in-formal accountability).
- b. Assign document number to items that require accountability and place in suspense file.
- c. Complete the suspense and obtain the signature of the HRH on an issue document.
- d. Update HRH's hand receipt and furnish new copy to HRH.

**7. Hand Receipt Holder will:**

- a. Coordinate with CH, PBO, and requester to add accountable item to the property book and/or hand receipt by collecting one copy of the IMPAC Order Request and Receipt form, one copy of the receipt or bill of sale, and a completed DD Form 250, Material Inspection and Receiving Report.
- b. Sign an issue document from the PBO on accountable item.
- c. Sub hand receipt accountable items as needed on a DA Form 2062.
- d. Review hand receipt with CH quarterly to ensure all accountable items have been added to the hand receipt.


**8. Information Management Officer will:**

- a. Review IMPAC Order Request and Receipt forms that request IMPE or Automated Data Processing Equipment (ADPE) items and sign the form if request is valid.
- b. Ensure item requested is not already on hand or that there is a suitable substitute.
- c. If applicable, annotate the approved requirements statement number on the top left of the IMPAC request form. Maintain a copy of requirement statements on file in the IMO.
- d. If Capability Request (CAPR) is required then only sign IMPAC Order Request and Receipt Form after approval from 201 Signal Company, Area II Defense Office Information Manager (DOIM).

**9. Originator of Requirement (Requestor) will:**

- a. Check to determine if the item is available through the supply system. This should include coordination with the unit PBO, IMO, and SSSC to determine the availability of the requirement from existing inventories. If the item is not available through the supply system in a timely manner or is a non-standard, non-stocked commercial off-the-shelf item, then it is authorized for procurement with the IMPAC card, within the constraints of this SOP, USACCK IMPAC Program SOP and PCB External SOP. A properly completed IMPAC Order Request and Receipt form shall initiate all purchases.

Encls  
as



RONALD C. STEPHENS  
COL, SC  
Commanding

**DISTRIBUTION:**

CMD GP  
DPA  
DPTMS  
DOL  
DMWR  
DPW  
DRM  
IMO  
SAFETY  
PAO  
HHC  
ROK STAFF OFFICE  
VI

## EXHIBIT 1

### STATEMENT OF TRAINING

1. I have received, read, and understand the Cardholder Instruction Guidebook and/or the Approving Official Guidebook (as applicable).
2. I have received, read, and understand the USACCK IMPAC SOP and supplemental instructions.
3. I have received classroom training on the IMPAC program and I understand my responsibilities within the IMPAC program and the procedures required to properly utilize the IMPAC Purchase Card.
4. I am aware of the standards of conduct requirements prescribed by DoD Regulation 5500.7-R, Joint Ethics Regulation in the performance of my duties with regard to IMPAC purchases.
5. By signing below I (a.) ask US Bank to open a Card Holder /Approving Official Account in my name and issue (if applicable) a VISA Card (including renewal and replacement cards) to me; (b.) agree to be bound by the terms and conditions of the VISA Government Card Program Account Agreement accompanying the card; (c.) agree to be liable for all unauthorized charges to the Card Account in accordance with said Agreement; and (d.) acknowledge that the Card is to be used only for official government business in accordance with the terms and conditions of the IMPAC SOP and supplemental instructions.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ORGANIZATION)

\_\_\_\_\_  
(TELEPHONE)

## EXHIBIT 2

### U.S. GOVERNMENT IMPAC CREDIT CARD APPLICATION

REQUEST A GOVERNMENT IMPAC CARD BE ISSUED TO THIS UNIT, INFORMATION  
AS FOLLOWS:

Cardholder Name & Rank:	Date of IMPAC Training:	DEROS:
Official Mailing Address:		
E-mail: _____		
Telephone Numbers		
DSN:	COMMERCIAL:	

Approving Official Name & Rank:	Date of IMPAC Training:	DEROS:
Official Mailing Address:		
E-mail: _____		
Telephone Numbers		
DSN:	COMMERCIAL:	

\_\_\_\_\_  
Commander's Signature and Date

\_\_\_\_\_  
Resource Manager's Signature and Date

Tel. # \_\_\_\_\_

**EXHIBIT 3**  
**I.M.P.A.C.® CPS PROGRAM -- SET UP FORM**  
**CARDHOLDER**

(✓) Agency Identification: ☐ Civilian 3059 ☐ Department of Defense 3058

Agent Number: \_\_\_\_\_ Company Number: \_\_\_\_\_ Division Number: \_\_\_\_\_

Dept Number: \_\_\_\_\_  
(5 Char) (4 Char) (5 Char)

(4 Char)

**General Information** (Please type or print clearly)

Cardholder Name (Name

1): \_\_\_\_\_ (24 Char)

(first name, middle initial, last name - to be embossed on card or printed on checks)

Dept./Office/or Agency Name (Name

2): \_\_\_\_\_ (19 Char)

(✓) Emboss Name ☐ Yes ☐ No

Address

One: \_\_\_\_\_  
(30 Char)

Address Two

(Optional): \_\_\_\_\_  
(35 Char)

City: APO (25 Char)

State: AP ( 2 Char)

ZIP: \_\_\_\_\_ (10 Char)

Phone: \_\_\_\_\_ (10 Char)

**User Field 2** (optional, first 8 characters are embossed on cardholder plastic) :

\_\_\_\_\_ (12 Char)

**Tax Exempt Number** (optional):

\_\_\_\_\_ (14 Char)

**Type of Account Requested:** (Select (✓) service, card or check that applies to this Cardholder.)

☐ I.M.P.A.C. Card Account only (Plastic ☐ or No Plastic ☐

☐ I.M.P.A.C. Check Account only

☐ Both Card and Check Account (Option not available in DOD) (Plastic ☐ or No Plastic ☐

**Merchant Category Code:** \_\_\_\_\_ **Single Purchase Limit\*:** \$ \_\_\_\_\_ **30-Day Limit:** \$ \_\_\_\_\_

\* (Also used for max. dollar limit printed on I.M.P.A.C.

Checks)

**Master Accounting Code** (Line of Accounting) (*Optional*):

\_\_\_\_\_ (First 25 characters  
of Accounting Code)

\_\_\_\_\_ (Second 25 characters  
of Accounting Code)

\_\_\_\_\_ (Third 25 characters  
of Accounting Code)

(Max. 75 Char)

**Reporting Levels:**

(Each Level, 5 numeric characters)

Level 1: 47163 Level 2:

00021 Level 3: 00089

Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7:

**Agency Authorization Section:**

Authorized  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal Use Only**

Account Number: \_\_\_\_\_

Received  
Date: \_\_\_\_\_

Set Up  
Date: \_\_\_\_\_

Reject Reason:

☐ Need Authorized Signature

☐ Missing Information

☐

Other: \_\_\_\_\_

Date  
Resolved: \_\_\_\_\_



**EXHIBIT 4**  
**I.M.P.A.C.® CPS PROGRAM -- SET UP FORMS**  
**BILLING OFFICIAL**

(✓) Agency Identification: ☐ Civilian 3059 ☐ Department of Defense 3058

Agent Number: \_\_\_\_\_

Cycle Date: \_\_\_\_\_

\_\_\_\_\_  
(Fill in #, or leave blank if Billing Official Set-Up is sent with Agent Set-Up)

**General Information** (Please type or print clearly)

Billing Official Name (Name

1): \_\_\_\_\_ (30 Char)

Dept./Office or Agency Name (Name

2): \_\_\_\_\_ (19 Char)

Address

One: \_\_\_\_\_  
\_\_\_\_\_ (36 Char)

Address Two

(Optional): \_\_\_\_\_  
\_\_\_\_\_ (30 Char)

City: A P

O \_\_\_\_\_ (25 Char) State: A P \_\_\_\_\_ (2 Char)

ZIP: \_\_\_\_\_  
\_\_\_\_\_ (10 Char)

Phone: \_\_\_\_\_  
\_\_\_\_\_ (10 Char)

**APC Name:** (For this Billing Official Level)  
(Complete Signature Form) \_\_\_\_\_

**Select type of cardholder accounts to be associated with this Billing Official level:** (Check all that apply)

☐ I.M.P.A.C. Card Account  
Account

☐ I.M.P.A.C. Check

**30 Day Limit:** \$ \_\_\_\_\_ (Indicate Dollar Amount)

**Master Accounting Code** (Line of Accounting) (Optional):

\_\_\_\_\_ (First 25 characters  
of Accounting Code)

\_\_\_\_\_ (Second 25 characters  
of Accounting Code)

\_\_\_\_\_ (Third 25 characters  
of Accounting Code)

**Reporting Levels:**

(Each Level, 5 numeric characters)

Level 1: 4 7 1 6 3 Level 2: 0 0 0 2 1  
Level 3: 0 0 0 8 9  
Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_  
Level 7: \_\_\_\_\_

**CPS Electronic Options:****(✓) Select options to link company number access to existing user name:**☐ FirstLink☐ Statement Billing File

User Name: \_\_\_\_\_

User Name: \_\_\_\_\_

*(If no user exists, complete appropriate set-up forms)*  
*complete appropriate set-up forms)**(If no user exists,***Agency Authorization Section:**Authorized  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal Use Only**

Company Number: \_\_\_\_\_

MIS Link ☐

MIS Set-up/Fulfillment

Received  
Date: \_\_\_\_\_Set Up  
Date: \_\_\_\_\_Review  
Date: \_\_\_\_\_

Reject Reason:

☐ Need Authorized Signature☐ Missing Information

Other: \_\_\_\_\_

Date

Resolved: \_\_\_\_\_

## EXHIBIT 5

### PROCUREMENT INTEGRITY ACKNOWLEDGMENT FOR IMPAC CARD USER

As a condition of serving as a user of a US Government IMPAC Card, I, (Name) \_\_\_\_\_ hereby acknowledge that I am aware that I may not:

(1) Solicit or accept, directly or indirectly, any promise of future employment or business opportunity with any officer, employee, representative, agent or consultant of a competing contractor.

(2) Ask for, demand, exact, solicit, seek, accept, receive, or agree to receive, directly or indirectly, any money, gratuity, or other thing of value from any officer, employee, representative, agent, or consultant of any competing contractor.

(3) Disclose any information regarding a procurement to any person other than a person authorized by the contracting officer to receive such information.

(4) Use the IMPAC card for any procurement that exceeds \$25,000.00 in a twelve month period, unless I first attend annual ethics training IAW DoD 5500.7-R and file OGE FORM 450 (Confidential Financial Disclosure Report) with my supporting legal office.

Any person who engages in prohibited conduct involving an US Government procurement is subject to military disciplinary action or civil or criminal action brought by the United States in an appropriate district court of the United States.

In addition I have read and understand the attached information regarding procurement integrity.

SIGNATURE OF IMPAC CARD USER OR APPROVING OFFICIAL

\_\_\_\_\_

DATE \_\_\_\_\_ UNIT \_\_\_\_\_ TEL NO. \_\_\_\_\_

## EXHIBIT 6

### Procurement Integrity Attachment

“Procurement Integrity” may seem like a fuzzy, intangible term which applies only to contracting officers. Wrong. Procurement integrity applies to many more people than you’d think - see below for the legal definition of a “Procurement Official” and you’ll probably be surprised. Additionally, there are several laws specifically addressing procurement integrity, and violations of those laws are punishable by very unfuzzy, tangible fines and punishments. In 1989 Congress passed one such law, 41 U.S.C. 423, “Procurement Integrity.” It was recently amended and became effective 1 Dec. 90.

Besides being the law, procurement integrity is mandatory by our positions of public service. Breaches of procurement integrity cost the Armed Forces (and hence, taxpayers) millions of dollars each year in both direct losses and defective products. After all, financial gain is the prime motive whenever procurement integrity is broken. A more serious consequence of violated integrity is the serious damage to the Armed Force’s credibility before the public and Congress. Unlike lost money which can be replaced, our damaged credibility lives with us and affects just about everything we do.

The following summarizes the pertinent provisions of 41 U.S.C. 423 which apply to those of you serving the Government as procurement officials. The term “procurement official” refers to any federal government officer or employee who has participated personally and substantially in any of the following with respect to a particular procurement:

- Drafting, reviewing, or approving a specification or statement of work.
- Preparing or developing a procurement or purchase request.
- Preparing or issuing a procurement solicitation.
- Evaluating bids or proposals, or selecting sources.
- Negotiating to establish the price or terms and conditions of a contract or contract modification.
- Reviewing and approving the award or modification of a contract.

Section 423 (b) prohibits procurement officials, while conducting government procurement, from:

- Soliciting, discussing, or accepting future employment or business opportunity with a competing contractor.
- Soliciting or accepting money, a gratuity, or any other thing of value from a competing contractor.
- Disclosing proprietary or source selection information to any person not authorized to receive the information.

Section 423 (b) extends the above prohibitions to anyone with access to proprietary or source selection information. Section 423 (a) similarly restricts competing contractors from discussing future employment with procurement officials; giving gratuities to procurement officials; or soliciting/obtaining proprietary or source selection information.

Section 423 (c) allows some procurement officials to obtain permission to withdraw from further participation in a procurement in order to discuss future employment with a competing contractor.

#### **EXHIBIT 6 CONT.**

Section 423 (f) imposes two basic restrictions on employees who leave Federal service. A Procurement official with respect to a particular procurement may not:

- Participate on behalf of a competing contractor in any negotiations leading to the award or modification of a contract.
- Participate on behalf of the competing contractor in the performance of such contract.

Section 423 (e) imposes a number of certification requirements in connection with contracts and modifications in excess of \$100,000. Among them is a requirement for contracting officers to certify they have no information concerning a violation or possible violation of Section 423 (a), (b), (d), or (f). Also, 423 (e) requires procurement officials to certify they understand the continuing obligation not to disclose proprietary or source selection information.

**Integrity is the cornerstone for successful government procurement. Violated integrity results in defective products, lost money, and damaged credibility. If you question whether specific conduct violates the law or expected standards of procurement integrity, seek advice from your supervisor or Staff Judge Advocate. If you know of a breach of procurement integrity, tell your supervisor, commander, CID, Legal Officer, or call a Fraud, Waste and Abuse Hot line.**

# EXHIBIT 7

## IMPAC ORDER REQUEST AND RECEIPT

GOVERNMENT VISA CARD REQUEST/RECEIPT INFORMATION			UNIT	Supplies _____ Services	Requisition No.
<b>1. REQUEST THE FOLLOWING ITEM(S) BE PURCHASED WITH THE GOVERNMENT CREDIT CARD:</b>					
ITEM	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE	
TOTAL					
<b>2. SOURCE OF SUPPLY/SERVICE:</b>					
COMPANY NAME, ADDRESS, & TELEPHONE NUMBER:			POINT OF CONTACT:		
AUTHORIZED ESCORT (FOR KGS CARDHOLDER USING AAFES FACILITIES):					
REQUESTOR SIGNATURE AND DATE:			PROPERTY BOOK OFFICER SIGNATURE & DATE:		
APPROVING OFFICIAL SIGNATURE & DATE:			ADP MANAGER SIGNATURE & DATE:		
<b>3. RECEIVING INFORMATION</b>					
SIGNATURE BELOW CERTIFIES THAT THE REQUESTED ITEMS HAVE BEEN RECEIVED FROM THE CARDHOLDER:					
PRINTED NAME	POSITION	SIGNATURE		DATE	

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# EXHIBIT 8

## I.M.P.A.C.® CARD SERVICES

### I.M.P.A.C.® CARDHOLDER STATEMENT OF QUESTIONED ITEM (Please print or type in black ink.)

CARDHOLDER NAME (please print or type) \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

#### CARDHOLDER SIGNATURE

The transaction in question as shown on Statement of Account:

Transaction Date	Reference Number	Merchant	Amount	Statement Date
------------------	------------------	----------	--------	----------------

Please read carefully each of the following situations and check the one most appropriate to your particular dispute.

If you have any questions, please call us toll-free at 1-888-994-6722. We will be more than happy to advise you on this matter.

#### 1. UNAUTHORIZED MAIL OR PHONE ORDER

☐ I have not authorized this charge to my account. I have not ordered merchandise by phone or mail or received any goods or services.

#### 2. DUPLICATE PROCESSING – THE DATE OF THE FIRST TRANSACTION WAS

☐ The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.

#### 3. MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_

☐ My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)

☐ My account has been charged for the above listed transaction. I have contacted the merchant on \_\_\_\_\_ (date) and cancelled the order. I will refuse delivery should the merchandise still be received.

#### 4. MERCHANDISE RETURNED IN THE AMOUNT OF \$ \_\_\_\_\_

☐ My account has been charged for the above listed transaction, but the merchandise has since been returned.

Enclosed is a copy of my postal or UPS receipt.

#### 5. CREDIT NOT RECEIVED

☐ I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (Please provide a copy of this voucher with this correspondence.)

#### 6. ALTERATION OF AMOUNT

☐ The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ \_\_\_\_\_.

#### 7. INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE

☐ I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.

#### 8. COPY REQUEST

☐ I recognize this charge, but need a copy of the sales draft for my records.

#### 9. SERVICE NOT RECEIVED

☐ I have been billed for this transaction, however, the merchant was unable to provide the services.

☐ Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, or another credit card. (Enclosed is my receipt, canceled check (front & back), copy of credit card statement, or applicable documentation demonstrating that payment was made by another means.)

#### 10. NOT AS DESCRIBED

☐ (Cardholder must specify what goods, services, or other things of value were received.)  
The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint.)

11. If none of the above reasons apply – please describe the situation: \_\_\_\_\_

**(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement.)**

**MAIL TO:** I.M.P.A.C. Card Services, P.O. Box 6347, Fargo, ND 58125-6347

**FAX TO:** (701) 461-3466

©1997 FBNA dba I.M.P.A.C. Card Services Revised 6/97

**EXHIBIT 9**  
**I.M.P.A.C.® CPS PROGRAM -- MAINTENANCE FORM**  
**CARDHOLDER**

(✓) Agency Identification: ☐ Civilian 3059 ☐ Department of Defense 3058  
(✓) Type of Maintenance: ☐ Change Account Information  
(Check all that apply) ☐ Move to new Billing Official Company Number (5 Char)  
☐ Assign new Division Number (5 Char) Dept Number (4 Char)  
☐ Cancellation ☐ Card/Check Destruct ☐

**Purge From Reporting**

Company Number: \_\_\_\_\_ (5 Char) Cardholder Account Number: \_\_\_\_\_ (16 Char)

Cardholder Name (as it appears on bank account file): \_\_\_\_\_

**General Information:** (Please type or print clearly) Complete only areas that require change

Cardholder Name (Name

1): \_\_\_\_\_ (24 Char)

(first name, middle initial, last name - to be embossed on card or printed on checks)

Dept./Office/or Agency Name (Name

2): \_\_\_\_\_ (19 Char)

(✓) Emboss Name ☐ Yes ☐ No

Address

One: \_\_\_\_\_ (30 Char)

Address Two

(Optional): \_\_\_\_\_ (35 Char)

City: \_\_\_\_\_ (25 Char)

State:

\_\_\_\_ (2 Char)

ZIP: \_\_\_\_\_ (10 Char)

Phone:

\_\_\_\_ (10 Char)

User Field 2 (optional, first 8 characters are embossed on cardholder plastic) : \_\_\_\_\_ (12 Char)

Tax Exempt Number (optional) : \_\_\_\_\_ (14 Char)

Select Reissue Type: (Select (✓) service, card or check, to be reissued for this Cardholder.)  
☐ I.M.P.A.C. Plastic Account Only ☐ I.M.P.A.C. Check Account Only ☐ Both  
Plastic and Check for Account ☐ No Reissue  
(Option not available in DoD)

Merchant Category Code: \_\_\_\_\_ Single Purchase Limit: \$ \_\_\_\_\_  
30-Day Limit: \$ \_\_\_\_\_

Master Accounting Code (Line of Accounting) (Optional):

..... (First 25 characters of Accounting Code)

..... (Second 25 characters of Accounting Code)

..... (Third 25 characters of Accounting Code)

**Existing Reporting Levels:**

(Each Level, 5 numeric characters)

0 0 2 1 Level 3: 0 0 0 8 9

Level 1: 4 7 1 6 3 Level 2: 0

Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

**New Reporting Levels:**

(Each Level, 5 numeric characters)

Level 3: \_\_\_\_\_

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_

Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_  
(✓) Carry reporting totals: ☐ Yes ☐ No

**Agency Authorization Section:**

Authorized  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal Use Only**

Cycle Date: \_\_\_\_\_

Received  
Date: \_\_\_\_\_

Set Up  
Date: \_\_\_\_\_

Reject Reason:

☐ Need Authorized Signature

☐ Missing Information

Other: \_\_\_\_\_

Date  
Resolved: \_\_\_\_\_

**EXHIBIT 10**  
**I.M.P.A.C.® CPS PROGRAM -- MAINTENANCE FORM**  
**APPROVING/BILLING OFFICIAL**

(✓) Agency Identification: ☐ Civilian 3059  
3058

☐ Department of Defense

(✓) Type of Maintenance: ☐ Change

☐ Close Billing

**Account**

Company Number: \_\_\_\_\_ (5 Char) Account Number: \_\_\_\_\_ (16 Char)

Billing Official Name (as it appears on bank account file): \_\_\_\_\_

**General Information** (Please type or print clearly) Complete only the areas requiring change.

Billing Official Name (Name  
1): \_\_\_\_\_ (30 Char)

Dept./Office or Agency Name (Name  
2): \_\_\_\_\_ (19 Char)

Address One: \_\_\_\_\_ (36  
Char)

Address  
Two (Optional): \_\_\_\_\_ (30 Char)

City: \_\_\_\_\_ State: \_\_\_\_\_ (2  
\_ (25 Char) Char)

ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
(10 Char) (10 Char)

APC Name: (For this Billing Official Level) Lee L. Wright  
t \_\_\_\_\_ (Complete Signature Form)

30 Day Limit: \$ \_\_\_\_\_ (Indicate Dollar Amount)

Master Accounting Code (Line of Accounting) (Optional):  
\_\_\_\_\_  
(First 25 characters  
of Accounting Code)  
\_\_\_\_\_  
(Second 25 characters  
of Accounting Code)  
\_\_\_\_\_  
(Third 25 characters  
of Accounting Code)  
(Max. 75 Char)

**Reporting Levels:**

(Each Level, 5 numeric characters) Level 1: 4 7 1 6 3 Level 2:

0 0 0 2 1 Level 3: 0 0 0 8 9

Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_  
Level 7: \_\_\_\_\_

**New Reporting Levels:**

(Each Level, 5 numeric characters) Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_  
 Level 3: \_\_\_\_\_  
 Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_  
 Level 7: \_\_\_\_\_  
 (✓) Carry reporting totals: ☐ Yes ☐ No

**Agency Authorization Section:**

Authorized  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal Use Only**

Company Number: \_\_\_\_\_

MIS Link ☐ MIS Set-up/Fulfillment  
☐

Received  
Date: \_\_\_\_\_

Completion  
Date: \_\_\_\_\_

Reject Reason:

☐ Need Authorized Signature

☐ Missing Information

☐  
Other: \_\_\_\_\_

Date  
Resolved: \_\_\_\_\_

EXHIBIT 11

I.M.P.A.C. CARD DESTRUCTION NOTICE  
(Print or Type)

CARD NO: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

REASON(S) FOR DESTRUCTION:

☐

EMPLOYEE

☐

FOUND  
REPORTED

☐

CARD

E  
X  
P  
I  
R  
E  
D

☐

EMPLOYEE  
TERMINATED

☐

TRANSFERRE  
D

LOST/STOLEN  
CARD

☐

OTHER:

RESIGNED

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVING OFFICIAL'S  
NAME: \_\_\_\_\_

APPROVING OFFICIAL'S SIGNATURE: \_\_\_\_\_

CURRENT  
DATE: \_\_\_\_\_

**Notice:** Cut the card in half and destroy it. Do **not** return the card pieces to USACCK or to US Bank.

**EXHIBIT 12  
EUSA Pam 25-50**

**APPENDIX F**

**LIST OF EQUIPMENT EXEMPT FROM CAPR PROCESS**

AB SWITCH BOX  
ACCESSORIES WITH A COST OF \$100.00 OR LESS  
ADAPTERS, CELLULAR TELEPHONES  
ANTENNA, VEHICLE, CELLULAR TELEPHONE  
BATTERY CHARGER  
BATTERIES  
BOOKS/MANUALS  
CABLES  
CABLE END CONNECTORS  
CARRYING CASES  
CASE STORAGE, DISKETTE  
CARTRIDGES  
CLEANING KITS  
CLEANING PADS  
DIGITAL CASSETTES  
DUST COVERS  
ERASER, MAGNETIC  
FILE STORAGE, DISKETTES  
FILE STORAGE, TAPE  
GENDER BENDER  
KEYBOARDS  
LABELS  
LOCKING DEVICES FOR PCs  
MICROPHONES FOR HAND HELD RADIOS  
MONITOR, GLARE SCREEN  
MOUSE  
MOUSE PADS  
PAPER, COMPUTER, COPIER, FAX, ETC.  
POWER CORDS  
PRINTER, FONT CARTRIDGES  
PRINTER, RIBBONS  
PRINTER, SHEET FEEDER  
PRINTER, TONER CARTRIDGES  
PRINTER, SHARING DEVICES  
SOFTWARE PACKAGES, NTE \$300 EACH, EXCLUDING SITE LICENSED  
DESIGNED BY FOREIGN COUNTRY, WITH ENCRYPTION CODE  
STORAGE CABINET  
SURGE SUPPRESSER

SURGE PROTECTOR OUTLET STRIP  
TAPE, CARTRIDGES  
TAPE, MILAR

**EXHIBIT 12 CONT.**

**EUSA Pam 25-50**

TELEPHONE, ANSWERING MACHINE  
TELEPHONE, SINGLE LINE  
TISSUE, CLEANING  
TOOL KITS  
TONER CARTRIDGES  
TRACK BALL DEVICES  
TRAY, DISKETTE FILE OR STORAGE

**REQUIRES DOIM APPROVAL**

CD ROMS DRIVES  
CHIPS, CPU  
CHIPS, MEMORY  
COLORS UPGRADE KITS FOR PRINTERS  
COOLING FANS  
FACSIMILE MACHINES  
FLOPPY DISK DRIVES  
HARD DISK DRIVES, NTE \$400 EACH  
MICROFICHE READERS AND READER/PRINTERS  
MODEMS  
NETWORK HUBS NTE \$300 EACH  
NETWORK INTERFACE CARDS  
PCMCIA MEMORY CARDS  
PCMCIA CARD READERS  
PRINTERS, NTE \$500 EACH  
SCSI INTERFACE CARDS  
SOUND CARDS  
TAPE BACKUP UNITS, NTE \$400 EACH  
EXTERNAL STORAGE DEVICE AND CARTRIDGES/DISKS



## EXHIBIT 13

### STANFINS NEWSLETTER 01-12



#### PROCESSING GOVERNMENT PURCHASE CARD PAYMENTS

15 June 2001

1. References:
  - a. DFAS-IN Reg 37-1, Chap 9
  - b. DFAS-IN Policy Message 99-28
2. Interest penalty payments paid on GPC purchases will be charged against the Program Director's funds if the Activity's Approving Official was late in forwarding the approved billing statement to Centralized Pay and Accounting (CP&A), Accounts Payable Branch (A/P).
3. GPC Approving Officials must date stamp the GPC billing statement the day that it is received. If the statement is not date stamped, the default date is 8 days after the 24<sup>th</sup> of each month, usually the 2d of the following month. The applicable date is used to determine the date the billing statement must be paid, and if necessary, the date used in calculating the interest penalty for late payment. Program Directors, please make sure your Activity Approving Officials are aware of the date stamp requirement and the default date used in absence of a date stamp.
4. Activity Approving Officials have 15 days to reconcile, certify and forward the GPC billing statement to CP&A under TL control. CP&A then has 15 days to make the payment. If not paid within the allotted 30 days because CP&A received the statement after the 15<sup>th</sup> day, interest is due and chargeable to the Activity. If the TL shows that the Activity turned in the statement on time, Finance must absorb the interest penalty.

5. This STANFINS newsletter is published by the 175<sup>th</sup> Finance Command, Centralized Pay and Accounting. Address questions or comments concerning this issue to Mr. Seiling, Chief, Management Accounting Division, 723-4459 or email: [Seilingj@usfk.korea.army.mil](mailto:Seilingj@usfk.korea.army.mil).

//original signed//  
LEO E. LAU  
Director, Centralized Pay  
and Accounting

#### EXHIBIT 14

#### UNIT LOG FOR IMPAC PURCHASES

CARDHOLDER NAME: \_\_\_\_\_

\$  
MONTHLY LIMIT:

NO.	DATE OF PURCHASE	DESCRIPTION	VENDOR	AMOUNT	RUNNING TOTAL	REMAINING ON MONTHLY LIMIT
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	

					-	
					\$	
					-	
					\$	
					-	
					\$	
					-	
					\$	
					-	

CARDHOLDER SIGNATURE \_\_\_\_\_

(SUB) TOTAL: \$ -

PAGE \_\_\_\_\_ OF \_\_\_\_\_

<b>MATERIAL INSPECTION AND RECEIVING REPORT</b>										Form Approved OMB No. 0704-0248	
The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0248), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.											
<b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.</b>											
1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO.				ORDER NO.		6. INVOICE NO./DATE		7. PAGE OF		8. ACCEPTANCE POINT	
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L  TCN			5. DISCOUNT TERMS				
9. PRIME CONTRACTOR CODE						10. ADMINISTERED BY CODE					
11. SHIPPED FROM (if other than 9) CODE						FOB:			12. PAYMENT WILL BE MADE BY CODE		
13. SHIPPED TO CODE						14. MARKED FOR CODE					
15. ITEM NO.	16. STOCK/PART NO.	DESCRIPTION <i>(Indicate number of shipping containers - type of container - container number.)</i>				17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE		20. AMOUNT	
										0  0.00  0.00  0.00  0.00  0.00  0.00	
<b>21. CONTRACT QUALITY ASSURANCE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>a. ORIGIN</b>  <input type="checkbox"/> COA    <input type="checkbox"/> ACCEPTANCE of listed items                      has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.                 </div> <div style="width: 48%;"> <b>b. DESTINATION</b>  <input type="checkbox"/> COA    <input type="checkbox"/> ACCEPTANCE of listed items has                      been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.                 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <b>DATE</b> _____ <b>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> _____  <b>TYPED NAME:</b> _____  <b>TITLE:</b> _____  <b>MAILING ADDRESS:</b> _____    <b>COMMERCIAL TELEPHONE NUMBER:</b> _____                 </div> <div style="width: 48%;"> <b>DATE</b> _____ <b>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> _____  <b>TYPED NAME:</b> _____  <b>TITLE:</b> _____  <b>MAILING ADDRESS:</b> _____    <b>COMMERCIAL TELEPHONE NUMBER:</b> _____                 </div> </div>						<b>22. RECEIVER'S USE</b> Quantities shown in column 17 were received in apparent good condition except as noted. <div style="text-align: right; margin-top: 5px;"> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <b>DATE RECEIVED</b> _____  <b>TYPED NAME:</b> _____  <b>TITLE:</b> _____  <b>MAILING ADDRESS:</b> _____    <b>COMMERCIAL TELEPHONE NUMBER:</b> _____                     </div> <div style="width: 48%;"> <b>SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> _____    <i>* If quantity received by the Government is the same as quantity shipped, indicate by (X) mark; if different, enter actual quantity received below quantity shipped and encircle.</i> </div> </div>					
23. CONTRACTOR USE ONLY											

DD FORM 250, AUG 2000

PREVIOUS EDITION IS OBSOLETE.

**EXHIBIT 15**